

NEWTON AUTO SALVAGE INC.
635 ROCKY PLAINS RD COVINGTON, GA 30016
770-787-1431 PHONE, WWW.NEWTONAUTOSALVAGE.COM

CREDIT CARD AUTHORIZATION (PRINT CLEARLY)

I, _____ authorize NEWTON AUTO SALVAGE, INC.
to charge my credit card in the amount of \$_____.

CARD # _____ Expiration Date ___/___

Three-digit number on the back of the card _____

D. L. No: _____ Expiration Date ___/___
(Please send photocopy of driver's license with this form)

Billing Address: _____

City, State & Zip: _____

Telephone # : (____) _____ - _____ Email: _____

Item Purchased (be specific) _____

There are no refunds on electrical parts, no refund unless the part cannot be replaced. No guarantees unless agreed differently and no refunds on special orders. Refund requests and all claims for adjustment due to parts sold must be in writing and faxed within 48 hours of the time of delivery or the sale will be considered final. There is a 25% restocking fee. Newton Auto Salvage, Inc. reserves the right to have reasonable shipping charges. Shipping and handling charges will be added to the authorized amount. The seller is not responsible for customer's errors in ordering. There is no color guarantee on any body or interior part. Newton Auto Salvage, Inc. is not responsible for delivery damages resulting from shipping. The issuer of the card identified on this item is authorized to pay the amount show as TOTAL upon proper presentation. I promise to pay such total (together with any other charges due thereon) subject to and is in accordance with the agreement governing the use of such card.

Signing this authorization agreement, I state that I have read the conditions of purchasing the above described merchandise and I agree with it.

Signature: _____ Date ___/___/___

We strongly advise/recommend insurance for your part(s). Mark here (___) to insure your parts for \$10.00 against loss or damages while your part(s) of up to \$1,000.00 are being shipped. Additional insurance is available for a flat rate of 1% of the value of the part(s).

PROMISES MADE BY THE REPRESENTATIVE: _____

Shipping address (if different from above): _____

FAX THIS AUTHORIZATION AGREEMENT TO 770-787-1562